

# 497 Contribution Report

Amounts may be rounded to whole dollars.

<b>NAME OF FILER</b> PAULA PEROTTE FOR GOLETA MAYOR 2020			<b>Date of This Filing</b> <u>10/23/2020</u>	Date Stamp Received 10-26-2020 City of Goleta	<b>CALIFORNIA FORM 497</b> For Official Use Only
AREA CODE/PHONE NUMBER 805-685-8535	I.D. NUMBER (if applicable) 1405576	<b>Report No.</b> <u>9</u>	<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
STREET ADDRESS 7847 RIO VISTA DRIVE		<b>No. of Pages</b> <u>1</u>			
CITY GOLETA	STATE CA	ZIP CODE 93117			

## 1. Contribution(s) Received

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
10/23/2020	DEMOCRATIC WOMEN OF SANTA BARBARA COUNTY 901 VIA ROSITA SANTA BARBARA, CA 93110      FPPC ID#743656	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00  <input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% Provide interest rate
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<input type="checkbox"/> Check if Loan  _____% Provide interest rate

**\*\*Contributor Codes**

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_